

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2194AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2008
NAME OF PROVIDER OR SUPPLIER SUMMERDALE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1868 RIBEIRO CR RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/17/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Y 000		
Y 070 SS=E	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on personnel record review on 9/17/08, the facility did not ensure that 1 of 4 caregivers had the required eight hours of training every year. Findings include:	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 Employee #2's file did not contain evidence this employee completed the required eight hours of annual training. This is a repeat deficiency from the annual State Licensure survey dated 9/12/07. Severity: 2 Scope: 2	Y 070			
Y 152 SS=A	449.204(2) Insurance-BLC endorsement NAC 449.204 2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. This Regulation is not met as evidenced by: Based on record review on 9/17/08, the administrator failed to ensure the Bureau of Licensure and Certification was listed to be provided notice 30 days prior to the effective date of cancellation or non-renewal of the liability insurance policy. Findings include: Review of the facility's Certificate of Liability Insurance revealed it did not contain an endorsement to the Bureau. Severity: 1 Scope: 1	Y 152			

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Y 274 SS=C	<p>449.2175(5) Service of Food - Substitutions</p> <p>NAC 449.2175</p> <p>5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.</p> <p>This Regulation is not met as evidenced by: Based on review of the menus posted, observation and staff interview on 9/17/08, the facility failed to post the menu in a conspicuous location, failed to document substitutions, and failed to keep copies of the menus for 90 days from the date of the substitution.</p> <p>Findings include:</p> <p>Undated menus were posted only on the kitchen bulletin board located next to the laundry room which was away from resident and family access. They were not posted in any other location in the facility. There were no substitutions marked on the menu. The lunch menu listed chicken as the entree, but pork stew was served to the residents.</p> <p>In interview, the caregiver reported that she rotated the posted menus but did not write the substitutions down anywhere.</p> <p>Severity: 1 Scope: 3</p>	Y 274			
Y 859 SS=D	<p>449.274(5) Periodic Physical examination of a resident</p>	Y 859			

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Y 859	Continued From page 3 NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility did not obtain the results of a physical examination of 1 of 5 residents by their physician prior to admission. Findings include: Resident #2 - Date of admission was 7/9/07. The residents's file did not contain the results of a physical examination of the resident by a physician prior to admission. The facility did not obtain the results of a physical examination until 9/8/08 (over a year after the admission of the resident into the facility). Severity: 2 Scope: 1	Y 859			
Y 870 SS=B	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that	Y 870			

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Y 870	<p>Continued From page 4</p> <p>provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 5 residents residing in the facility for longer than six months.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 4/11/05. The only medication profile reviews available in the record were dated 7/10/07 and 6/19/08. The reviews were more than 11 months apart.</p> <p>Resident #2 was admitted to the facility on 7/9/07. The only medication profile reviews available in the record were dated 8/8/07 and 6/26/08. The reviews were more than 10 months apart.</p> <p>Severity: 1 Scope: 2</p>	Y 870		

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Y 896	Continued From page 5	Y 896			
Y 896 SS=A	<p>449.2744(1)(b)(2) Medication / MAR</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(2) The date and time that the medication was administered.</p> <p>This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) and caregiver interview on 9/17/08, the facility did not ensure the MAR was accurate for 1 of 5 residents.</p> <p>Findings include:</p> <p>Resident #5 - The September 2008 MAR was reviewed for the resident. The September 2008 MAR indicated the resident was receiving both Famotidine 20 mg and Loperamide 2 mg twice daily. The caregivers were not documenting the evening dose of either medication on the MAR for the month of September.</p> <p>On 9/17/08 at 1:00 PM, Employee #1 stated she was giving the medication as ordered but had not charted it.</p> <p>Severity: 1 Scope: 1</p>	Y 896			
Y 938 SS=A	449.2749(1)(g)(1) Resident file	Y 938			

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Y 938	<p>Continued From page 6</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility did not perform an evaluation on 1 of 5 residents for their abilities to perform the activities of daily living (ADL) upon admission to the facility.</p> <p>Findings include:</p> <p>Resident #3 - Date of admission was 4/15/08. The resident's file did not contain an ADL assessment upon admission to the facility. The assessment in the record was dated 8/3/08.</p> <p>Severity: 1 Scope: 1</p>	Y 938			

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Y 940 Y 940 SS=A	Continued From page 7 449.2749(1)(g)(3) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year. This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility did not perform an annual evaluation of a resident's ability to perform the activities of daily living (ADL) on 1 of 5 residents residing in the facility longer than a year. Findings include: Resident #1 - Date of admission was 4/11/05. The resident's file did not contain an ADL assessment for 2008. Severity: 1 Scope: 1	Y 940 Y 940			

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Y 944	Continued From page 8	Y 944		
Y 944 SS=A	<p>449.2749(2) Resident File / Discharge</p> <p>NAC 449.2749</p> <p>2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 9/17/08/08, the facility did not provide proper documentation regarding a resident who had been discharged.</p> <p>Findings include:</p> <p>Review of the record of the last resident (Resident #6) to be discharged from the facility revealed no documentation of the date, time, destination or who picked up the resident and her belongings.</p> <p>Severity: 1 Scope: 1</p>	Y 944		

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